DOCUMENT RESUME

ED 450 299 CG 030 695

TITLE	Framing New Directions for School Counselors, Psychologists, & Social Workers. A Center Report.
INSTITUTION	California Univ., Los Angeles. Center for Mental Health in Schools.
SPONS AGENCY	Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD. Center for Mental Health Services.; Health Resources and Services Administration (DHHS/PHS), Washington, DC. Maternal and Child Health Bureau.
PUB DATE	2001-03-00
NOTE	38p.
AVAILABLE FROM	School Mental Health Project, Center for Mental Health in Schools, Dept. of Psychology, UCLA, Los Angeles, CA 90095-1563. Tel: 310-825-3634; Fax: 310-206-8716; Web site: http://smhp.psych.ucla.edu; e-mail: smhp@ucla.edu.
PUB TYPE	Opinion Papers (120)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Certification; Counseling Services; *Counselor Role; Counselor Training; Educational Change; Elementary Secondary Education; Intervention; Prevention; Professional Development; Programs; Pupil Personnel Workers; School Community Relationship; *School Counselors; *School Psychologists; *School Social Workers; Trend Analysis
IDENTIFIERS	Marginal Students

ABSTRACT

In many schools, the educational mission is thwarted because of multifaceted factors that interfere with youngsters' learning and performance. It is for this reason that schools invest in educational support programs and services. It is somewhat surprising how little attention educational policymakers give to rethinking this area of school activity. If all students are to have an equal opportunity to succeed in school, there must be a focus on restructuring school and community resources designed to counter youngsters' learning, behavioral, emotional, and health problems. From a practical perspective, one place to start is by restructuring the work of school counselors, psychologists, social workers, and other pupil service personnel. Framing new directions for such professionals is an essential facet of enhancing educational results. This report highlights the current state of affairs and emerging trends with respect to addressing barriers to student learning and discusses implications for reframing the roles of school counselors, psychologists, and social workers. With changing functions comes the need for changes in preservice preparation, certification, and continuing professional development. Thus, this report concludes with a series of frameworks to suggest ways to rethink these matters. An appendix provides curriculum areas for an enabling component. (Contains 34 references.) (MKA)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 450 299

Mental Health in Schools Center
Training and Technical Assistance

A Center Report . . .

Framing New Directions for School Counselors, Psychologists, & Social Workers

March, 2001

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY
P. Nelson
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
1

The Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA.

Write: Center for Mental Health in Schools, Box 951563, Los Angeles, CA 90095- 1563
Phone: (310) 825-3634 | Fax: (310) 206-8716 | E-mail: smhp@ucla.edu |
Website: http://smhp.psych.ucla.edu

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
Maternal and Child Health Bureau

Support comes in part from the Office of Adolescent Health, Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration (Project #U93 MC 00175) with co-funding from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Both are agencies of the U.S. Department of Health and Human Services.

CMHS
Center for Mental Health Services
SAMHSA
Substance Abuse & Mental Health Services Administration

CG030695

2 BEST COPY AVAILABLE

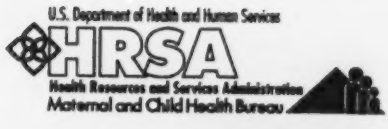
A Center Report . . .

Framing New Directions for School Counselors, Psychologists, & Social Workers

March, 2001

The Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA.

Write: Center for Mental Health in Schools, Box 951563, Los Angeles, CA 90095- 1563
Phone: (310) 825-3634 | Fax: (310) 206-8716 | E-mail: smhp@ucla.edu |
Website: http://smhp.psych.ucla.edu


U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
Maternal and Child Health Bureau

Support comes in part from the Office of Adolescent Health, Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration (Project #U93 MC 00175) with co-funding from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Both are agencies of the U.S. Department of Health and Human Services.

CONTENTS

Preface

What's Going on at the School Level? 1
School-Owned Programs 3
School-Community Collaborations 4
Marginalization & Fragmentation are Still the Norm 5

Emerging Themes 6

Building on Emerging Themes 8
Expanding Comprehensiveness 8
Expanding School Reform 11

Toward Systemic Change 15
Windows of Opportunity from Reform Initiatives and Advanced Technology 15
New Mechanisms 16

Rethinking Roles, Functions, Development, & Credentialing 19
Framework 1 20
Framework 2 23
Framework 3 25
About Reviewing Pupil Personnel Programs 28

Concluding Comments 29

Appendix A: "Curriculum" Areas for an Enabling Comp nent

Preface

In too many schools, the educational mission is thwarted because of multifaceted factors that interfere with youngsters' learning and performance. It is for this reason that schools invest in education support programs and services. Given that the investment is substantial, it is somewhat surprising how little attention education policymakers and reformers give to rethinking this arena of school activity.

Ultimately, if *all* students are to have an equal opportunity to succeed in school, there must be a focus on restructuring school and community resources designed to counter youngsters' learning, behavioral, emotional, and health problems. From a practical perspective, one place to start is by restructuring the work of school counselors, psychologists, social workers, and other pupil service ("student support") personnel. Framing new directions for such professionals is an essential facet of enhancing educational results for *all* students.

This report highlights the current state of affairs and emerging trends with respect to addressing barriers to student learning and discusses implications for reframing the roles and functions of school counselors, psychologists, and social workers. With changing roles and functions comes the need for changes in preservice preparation, certification, and continuing professional development. Thus, the report concludes with a series of frameworks to suggest ways to rethink these matters.

As always, it is important to recognize the Center's work reflects what we have learned from interactions with many interested and concerned colleagues across the country. Our intent here is to spread shared insights as widely as possible.

Howard S. Adelman & Linda Taylor
Co-directors

Framing New Directions for School Counselors, Psychologists, and Social Workers

With the upheaval in public education, the ways in which schools address student support services and programs are changing and therefore so are the roles and functions of school counselors, psychologists, social workers, and other "pupil services personnel." What will it all look like in the coming years? That probably depends on whether pupil service professionals approach the future reactively or take the lead in restructuring systemic reform. It seems clear to us that a reactive stance will lead to dire consequences. Thus, our emphasis is on framing new directions and encouraging a visionary and proactive approach on the part of all concerned.

To underscore the need for new directions, we begin by briefly highlighting the current state of the art and its deficiencies. Then, we discuss the importance of reframing current reforms, offer some suggestions for a proactive agenda to shape the future of "learning supports," and end with a discussion of implications for credentialing.

WHAT'S GOING ON AT THE SCHOOL LEVEL?

Ask any teacher: *Most days, how many of your students come to class motivationally ready and able to learn?* We have asked that question across the country. The consistency of response is surprising and disturbing. In urban and rural schools serving economically disadvantaged families, teachers tell us they're lucky if 10-15% of their students fall into this group. In suburbia, teachers usually say 75% fit that profile.

It is not surprising, therefore, that teachers are continuously asking for help in dealing with problems. And, to prevent problems, they also would like support in facilitating their students' healthy social and emotional development and in fostering the involvement of parents. Despite all this, relevant programs and services continue to be a supplementary item on a school's agenda. This also is not surprising. After all, schools are not in the mental health or social service business. Their mandate is to educate. Thus, administrators and policy makers tend to see any activity not directly related to instruction as taking resources away from this primary mission.

Why, then, do schools have as many psychological, counseling, and social support programs as they do? There are, of course, legal mandates requiring certain services for some students diagnosed with special education needs. In addition, school administrators, board members, teachers, parents, and students have long recognized that social, emotional, and physical health problems and other major barriers to learning and teaching interfere with schools meeting their mission.

The bottom line is that, if schools are to ensure that *all* students succeed, designs for reform must reflect the full implications of the word *all*. Clearly, *all* includes more than students who are motivationally ready and able to profit from demands and expectations for "high standards." Leaving no child behind means addressing the problems of the many who aren't benefitting from instructional reforms because of a host of *external* and *internal* barriers interfering with their development and learning.

Most learning, behavior, and emotional problems seen in schools are rooted in failure to address external barriers and learner differences in a comprehensive manner. And, the problems are exacerbated as youngsters internalize frustrations of confronting barriers and experience the debilitating effects of performing poorly at school.

How many are affected? Figures vary. An estimate from the Center for Demographic Policy suggests that 40% of young people are in bad educational shape and therefore will fail to fulfill their promise. The reality for many large urban schools is that well-over 50% of their students manifest significant learning, behavior, and emotional problems. In a great many instances, the problems are rooted in the restricted opportunities and difficult living conditions associated with poverty.

The litany of barriers to learning is all too familiar to anyone who lives or works in communities where families struggle with low income. In such neighborhoods, school and community resources often are insufficient to the task of providing the type of basic (never mind enrichment) opportunities found in higher income communities. The resources also are inadequate for dealing with such threats to well-being and learning as health problems, difficult family circumstances, gangs, violence, and drugs. Inadequate attention to language and cultural considerations and to high rates of student mobility creates additional barriers not only to student learning but to efforts to involve families in youngsters' schooling. Such conditions are breeding grounds for frustration, apathy, alienation, and hopelessness.

It would be a mistake, however, to think only in terms of poverty. As recent widely-reported incidents underscore, violence is a specter hanging over all schools. And, while guns and killings capture media attention, other forms of violence affect and debilitate youngsters at every school. Even though there isn't good data, those who study the many faces of violence tell us that large numbers of students are caught up in cycles where they are the recipient or perpetrator (and sometimes both) of physical and sexual harassment ranging from excessive teasing and bullying to mayhem and major criminal acts.

Recognition of and efforts to deal with such concerns have led to a variety of school-owned services and programs and to initiatives for school-community collaborations. School policy makers have a long-history of trying to assist teachers in dealing with problems that interfere with school learning. This includes providing a variety of school-owned counseling, psychological, and social service programs. It also includes enhancing school linkages with community service agencies and other neighborhood resources. Paralleling these efforts is a natural interest in promoting healthy development. Despite all this, it remains the case that too little is being done, and prevailing approaches are poorly conceived.

School-Owned Programs

Almost all schools flirt with some forms of preventive and corrective activity focused on specific concerns, such as learning problems, substance abuse, violence, teen pregnancy, school dropouts, and delinquency. Looked at as a whole, one finds in many school districts an extensive range of preventive and corrective activity oriented to students' needs and problems. Some programs are provided throughout a school district, others are carried out at or linked to targeted schools. The interventions may be designed to benefit all students in a school, those in specified grades, and/or those identified as having special needs. The activities may be implemented in regular or special education classrooms and may be geared to an entire class, groups, or individuals; or they may be designed as "pull out" programs for designated students. They encompass ecological, curricular, and clinically oriented activities.

On paper, it looks like a lot. It is common knowledge, however, that few schools come close to having enough resources to respond when confronted with a large number of students who are experiencing a wide range of psychosocial barriers that interfere with their learning and performance. Most schools offer only bare essentials. Too many schools can't even meet basic needs. Primary prevention often is only a dream. The simple fact is that education support activity is *marginalized* at most schools, and thus the positive impact such activity could have for the entire school is sharply curtailed.

While schools can use a wide-range of persons to help students, most school-owned and operated services are offered as part of pupil personnel services. Federal and state mandates tend to determine how many pupil services professionals are employed, and states regulate compliance with mandates. Governance of daily practice usually is centralized at the school district level. In large districts, counselors, psychologists, social workers, and other specialists may be organized into separate units. Such units straddle regular, special, and compensatory education. Analyses of the situation find that the result is programs and services that are planned, implemented, and evaluated in a fragmented and piecemeal manner. Service staff at schools tend to function in relative isolation of each other and other stakeholders, with a great deal of the work oriented to discrete problems and with an overreliance on specialized services for individuals and small groups. In some schools, a student identified as at risk for grade retention, dropout, and substance abuse may be assigned to three counseling programs operating independently of each other. Such fragmentation not only is costly, it works against developing cohesiveness and maximizing results.

School-Community Collaborations

Recent years have seen an increasing interest in school-community collaborations as one way to provide more support for schools, students, and families. The interest is bolstered by a renewed policy concern about countering widespread fragmentation of community health and social services and by various initiatives for school reform, youth development, and community development. Various forms of school-community collaborations are being tested, including state-wide initiatives in California, Florida, Kentucky, Missouri, New Jersey, Washington, Oregon, among others. This movement has fostered such concepts as *school linked services, coordinated services, wrap-around services, one-stop shopping, full service schools,* and *community schools.* The growing youth development movement adds concepts such as *promoting protective factors, asset-building, wellness,* and *empowerment.*

In building school-community collaborations, it is important not to limit one's thinking about communities by focusing only on *agencies*. The range of resources in a community is much greater than the service agencies and community-based organizations that often are invited to the table. The most important resource in a community, of course, is the families that reside there. Other community resources include businesses, libraries, parks, youth, religious, and civic groups, and any facility that can be used for recreation, learning, enrichment, and support.

Not surprisingly, early findings primarily indicate how hard it is to establish collaborations. Still, a reasonable inference from available data is that school-community collaborations can be successful and cost effective over the long-run. By placing staff at schools, community agencies make access easier for students and families -- especially those who usually are underserved and hard to reach. Such efforts not only provide services, they seem to encourage schools to open their doors in ways that enhance recreational, enrichment, and remedial opportunities and greater family involvement. Analyses of these programs suggest better outcomes are associated with empowering children and families, as well as with having the capability to address diverse constituencies and contexts. Families using school-based centers become interested in contributing to school and community by providing social support networks for new students and families, teaching each other coping skills, participating in school governance, helping create a psychological sense of community, and so forth. It is evident that school-community collaborations have great potential for enhancing school and community environments and outcomes.

Marginalization & Fragmentation are Still the Norm

Policymakers have come to appreciate the relationship between limited intervention efficacy and the widespread tendency for complementary programs to operate in isolation. Limited efficacy does seem inevitable as long as interventions are carried out in a piecemeal and often competitive fashion and with little follow through. From this perspective, reformers have directed initiatives toward reducing service fragmentation and increasing access to health and social services.

The call for "integrated services" clearly is motivated by a desire to reduce redundancy, waste, and ineffectiveness resulting from fragmentation (Adler & Gardner, 1994). Special attention is given to the many piecemeal, categorically funded approaches, such as those created to reduce learning and behavior problems, substance abuse, violence, school dropouts, delinquency, and teen pregnancy. By focusing primarily on the above matters, policy makers fail to deal with the overriding issue, namely that addressing barriers to development and learning remains a marginalized aspect of policy and practice. Fragmentation stems from the marginalization, but concern about such marginalization is not even on the radar screen of most policy makers.

Despite the emphasis on enhancing collaboration, the problem remains that the majority of programs, services, and special projects designed to address barriers to student learning still are viewed as supplementary (often referred to as support or auxiliary services) and continue to operate on an ad hoc basis. The degree to which marginalization is the case is seen in the lack of attention given such activity in consolidated plans and certification reviews and the lack of efforts to map, analyze, and rethink how resources are allocated. Educational reform virtually has ignored the need to reform and restructure the work of school professionals who carry out psychosocial and health programs. As long as this remains the case, reforms to reduce fragmentation and increase access are seriously hampered. More to the point, the desired impact for large numbers of children and adolescents will not be achieved.

At most schools, community involvement also is a marginal concern, and the trend toward fragmentation is compounded by most school-linked services' initiatives. This happens because such initiatives focus primarily on coordinating *community* services and *linking* them to schools, with an emphasis on *co-locating* rather than integrating such services with the ongoing efforts of school staff.

In short, policies shaping current agendas for school and community reforms are seriously flawed. Although fragmentation and access are significant concerns, marginalization is of greater concern. It is unlikely that the problems of fragmentation and access will be appropriately resolved in the absence of concerted attention in policy and practice to ending the marginalized status of efforts to address factors interfering with development, learning, parenting, and teaching.

EMERGING THEMES

Despite their flaws, existing reform initiatives represent attempts to improve on an unsatisfactory status quo. And, their deficiencies are stimulating ideas for new directions that reflect fundamental shifts in thinking about mental health in schools and about the personnel who provide such services. Three major themes have emerged so far: (1) the move *from* fragmentation *to* cohesive intervention, (2) the move *from* narrowly focused, problem specific, and specialist-oriented services *to* comprehensive general programmatic approaches, and (3) the move toward research-based interventions, with higher standards and ongoing accountability emphasized.

Toward cohesiveness

As already noted, most student support services/programs (as well as compensatory and special education programs) are developed and function in relative isolation of each other. Available evidence suggests this produces fragmentation and inappropriate competition for resources which, in turn, results in waste and limited efficacy. National, state, and local initiatives to increase coordination and integration of community services are just beginning to direct school policy makers to a closer look at school-owned services (Adler & Gardner, 1994; California Department of Education, 1997; Hawai'i Department of Education, 2001; Los Angeles Unified School District, 1995; Memphis City Schools, 1999; Urban Learning Center, 1995). This is leading to new strategies for coordinating, integrating, and redeploying resources.

Toward comprehensiveness

Most schools still limit many student support interventions to individuals who create significant disruptions or experience serious personal problems and disabilities. In responding to the troubling and the troubled, the tendency is to rely on narrowly focused, short-term, cost intensive interventions. Given that resources are sparse, this means serving a small proportion of the many students who require assistance and doing so in a noncomprehensive way. The deficiencies of such an approach have led to calls for increased comprehensiveness -- both to better address the needs of those served and to serve greater numbers. To enhance access, the call has been to establish schools as a context for providing a significant segment of the basic interventions that constitute a comprehensive approach for meeting such needs. One response to all this is the growing movement to create comprehensive school-based centers. More broadly, to counter what some describe as "hardening of the categories," there are trends toward granting flexible use of categorical funds and temporary waivers from regulatory restrictions. There is also renewed interest in cross-disciplinary training -- with several universities testing interprofessional collaboration programs. Such initiatives are intended to increase the use of generalist strategies in addressing the common factors underlying many student problems. The aim also is to encourage less emphasis on who owns the program and more attention to accomplishing desired outcomes (see Adelman & Taylor, 1994, 1998; Dryfoos, 1998; Schorr, 1998; Young, Gardner, Coley, Schorr, & Bruner, 1994).

Research-based interventions

Increasing demands for accountability are blending with the desire of scholars to improve the state of the art related to interventions. Various terms are used including research-based, empirically-supported, and empirically-validated. An extensive literature reports positive outcomes for counseling, psychological, and social service interventions available to schools. However, enthusiasm about positive findings is tempered by the reality of the restricted range of dependent variables (e.g., short-term improvement on small, discrete tasks), limited generalization, and uncertain maintenance of outcomes. With respect to individual treatments, most positive evidence comes from work done in tightly structured research situations (e.g., "hot house" environments); unfortunately, comparable results are not found when prototype treatments are institutionalized in school and clinic settings. (see Weisz, Donenberg, Han, & Kauneckis, 1995, for discussion of this matter specifically focused on psychotherapy; see Gitlin, 1996, for a comparable discussion related to psychopharmacology.) Similarly, most findings on classroom and small group programs reflect short-term experimental studies (usually without any follow-up phase). It remains an unanswered question as to whether the results of such projects will be sustained when prototypes are translated into widespread applications. And the evidence clearly is insufficient to support any policy restricting schools to use of empirically-supported interventions. Still, there is a menu of promising practices, with benefits not only for schools (e.g., better student functioning, increased attendance, and less teacher frustration), but for society (e.g., reduced costs related to welfare, unemployment, and use of emergency and adult services). The state of the art is promising; the search for better practices remains a necessity. And, support must be made available not only for studying specific programs, but for the development and evaluation of comprehensive, multifaceted approaches.

BUILDING ON EMERGING THEMES

Key to ending the marginalized status of efforts to address barriers to learning include expanding comprehensiveness and ensuring school reform initiatives fully integrate "education support activity."

Expanding comprehensiveness

A major breakthrough in the battle against learning, behavior, and emotional problems probably can be achieved only when a full range of programs are implemented. Developing comprehensive approaches requires *more than* specific prevention and early intervention programs, *more than* outreach to link with community resources (and certainly more than adopting a school-linked services model), *more than* coordinating school-owned services, *more than* coordinating school services with community services, *and more than* creating Family Resource Centers, Full Service Schools, and Community Schools. None of these constitute school/community-wide approaches, and the growing consensus is that *comprehensive, multifaceted,* and *integrated* approaches are essential in addressing the complex concerns confronting schools, families, and neighborhoods.

Figure 1 illustrates the type of school-community continuum that seems essential. Such a continuum must consist of overlapping systems -- systems of positive youth development and prevention, systems of early intervention to address problems as soon after onset as feasible, and systems of care for those with chronic and severe problems. Figure 2 illustrates such a continuum in ways that highlight examples suggesting that a comprehensive approach is built with a holistic and developmental emphasis. Clearly, such an approach requires a significant range of programs focused on individuals, families, and environments and encompasses peer and self-help strategies. Implied is the importance of using the least restrictive and nonintrusive forms of intervention required to address problems and accommodate diversity. With respect to concerns about integrating activity, the continuum of community and school interventions underscores that inter-program connections are essential on a daily basis and over time. From our perspective, a high level of policy emphasis on developing a comprehensive, multifaceted continuum is the key not only to unifying fragmented activity, but to using all available resources in the most productive manner.

To these ends, radical proponents of a generalist orientation argue for an end to categorical approaches In doing so, they point to data suggesting the limited efficacy of such programs (e.g., Jenkins, Pious, & Peterson, 1988; Kahn & Kamerman, 1992; Slavin et al., 1991). Their advocacy lends support for policy shifts toward block grants in distributing federal welfare, health, and education dollars to states. More moderate proponents of a generalist perspective argue for a softening of the categories and use of waivers to encourage exploration of the value of blended funding. Debates over balancing generalist and specialist roles have given renewed life to discussions of differentiated staffing and specific roles and functions for generalists, specialists, and properly trained paraprofessionals and nonprofessionals.

Figure 1. Interconnected Systems for Meeting the Needs of All Students

Providing a *CONTINUUM OF SCHOOL AND COMMUNITY PROGRAMS & SERVICES*

Ensuring use of the *LEAST INTERVENTION NEEDED*

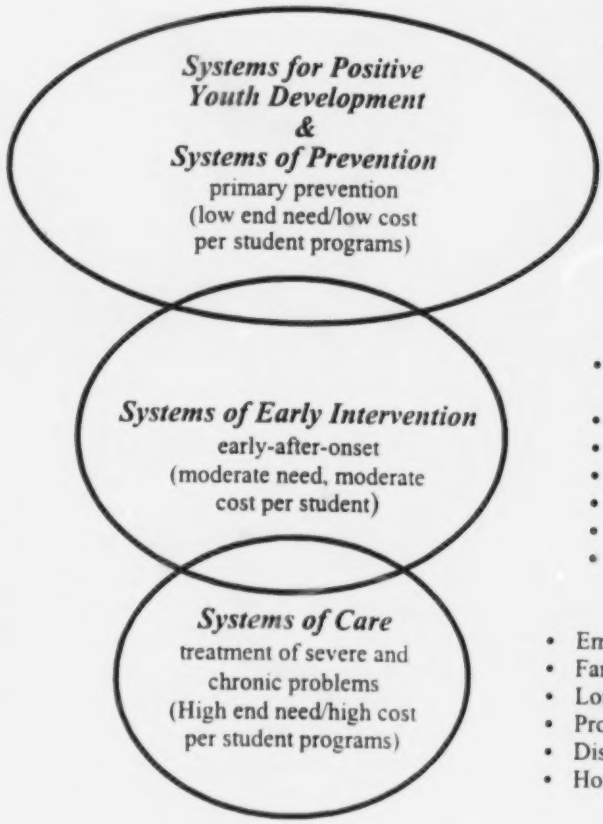
School Resources
(facilities, stakeholders, programs, services)

Examples:

- Enrichment & recreation
- General health education
- Promotion of social and emotional development
- Drug and alcohol education
- Support for transitions
- Conflict resolution
- Parent involvement

- Pregnancy prevention
- Violence prevention
- Dropout prevention
- Learning/behavior accommodations
- Work programs

- Special education for learning disabilities, emotional disturbance, and other health impairments


Systems for Positive Youth Development & Systems of Prevention
primary prevention (low end need/low cost per student programs)
Systems of Early Intervention
early-after-onset (moderate need, moderate cost per student)
Systems of Care
treatment of severe and chronic problems (High end need/high cost per student programs)

Community Resources
(facilities, stakeholders, programs, services)

Examples:

- Youth development programs
- Public health & safety programs
- Prenatal care
- Immunizations
- Recreation & enrichment
- Child abuse education

- Early identification to treat health problems
- Monitoring health problems
- Short-term counseling
- Foster placement/group homes
- Family support
- Shelter, food, clothing
- Job programs

- Emergency/crisis treatment
- Family preservation
- Long-term therapy
- Probation/incarceration
- Disabilities programs
- Hospitalization

Systemic collaboration* is essential to establish interprogram connections on a daily basis and over time to ensure seamless intervention within each system and among *systems* of *prevention, systems* of *early intervention*, and *systems of care*.

*Such collaboration involves horizontal and vertical restructuring of programs and services
(a) between jurisdictions, school and community agencies; public and private sectors; among schools; among community agencies
(b) within jurisdictions, school districts, and community agencies (e.g., among departments, divisions, units, schools, clusters of schools)

Figure 2. From primary prevention to treatment of serious problems: A continuum of community-school programs to address barriers to learning and enhance healthy development.

Intervention Continuum	*Examples of Focus and Types of Intervention* (Programs and services aimed at system changes and individual needs)
Primary prevention	*1. Public health protection, promotion, and maintenance to foster opportunities, positive development, and wellness* • economic enhancement of those living in poverty (e.g., work/welfare programs) • safety (e.g., instruction, regulations, lead abatement programs) • physical and mental health (incl. healthy start initiatives, immunizations, dental care, substance abuse prevention, violence prevention, health/mental health education, sex education and family planning, recreation, social services to access basic living resources, and so forth)
Early-after-onset intervention	*2. Preschool-age support and assistance to enhance health and psychosocial development* • systems' enhancement through multidisciplinary team work, consultation, and staff development • education and social support for parents of preschoolers • quality day care • quality early education • appropriate screening and amelioration of physical and mental health and psychosocial problems
	3. Early-schooling targeted interventions • orientations, welcoming and transition support into school and community life for students and their families (especially immigrants) • support and guidance to ameliorate school adjustment problems • personalized instruction in the primary grades • additional support to address specific learning problems • parent involvement in problem solving • comprehensive and accessible psychosocial and physical and mental health programs (incl. a focus on community and home violence and other problems identified through community needs assessment)
	4. Improvement and augmentation of ongoing regular support • enhance systems through multidisciplinary team work, consultation, and staff development • preparation and support for school and life transitions • teaching "basics" of support and remediation to regular teachers (incl. use of available resource personnel, peer and volunteer support) • parent involvement in problem solving • resource support for parents-in-need (incl. assistance in finding work, legal aid, ESL and citizenship classes, and so forth) • comprehensive and accessible psychosocial and physical and mental health interventions (incl. health and physical education, recreation, violence reduction programs, and so forth) • Academic guidance and assistance • Emergency and crisis prevention and response mechanisms
	5. Other interventions prior to referral for intensive, ongoing targeted treatments • enhance systems through multidisciplinary team work, consultation, and staff development • short-term specialized interventions (including resource teacher instruction and family mobilization; programs for suicide prevention, pregnant minors, substance abusers, gang members, and other potential dropouts)
Treatment for severe/chronic problems	*6. Intensive treatments* • referral, triage, placement guidance and assistance, case management, and resource coordination • family preservation programs and services • special education and rehabilitation • dropout recovery and follow-up support • services for severe-chronic psychosocial/mental/physical health problems

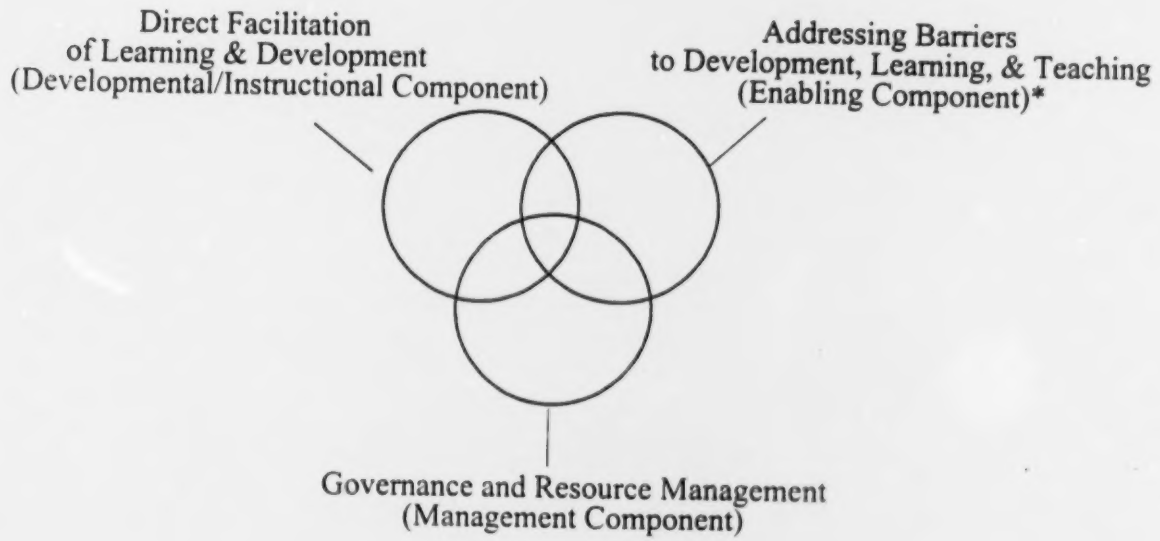
Adapted from Adelman & Taylor (1993)

Expanding school reform

Because no comprehensive approach can be established without weaving together school and community resources, it is essential to develop models and policies that expand the nature and scope of school reform. Indeed, it is time for a basic policy shift. In this regard, we have proposed that policy makers move from the inadequate two component model that dominates school reform to a three component framework (see, for example, Adelman & Taylor, 1994, 1998; Center for Mental Health in Schools, 1998). The continued failure of current models for school reform suggests that better achievement surely requires more than good instruction and well-managed schools (Tyack & Cuban, 1995).

As highlighted in Figure 3, a three component model not only emphasizes a focus on reforming instruction and how schools are governed/managed, such a model calls for a component that comprehensively enables learning by addressing barriers to learning, development, and teaching. Moreover, it views such a component as a fundamental and essential facet of educational reform and thus calls for elevating efforts for addressing barriers to a high level of policy focus. When policy and practice are viewed through the lens of this third component, it becomes evident how much is missing in current efforts to enable all students to learn and develop.

Figure 3. A three component model for reform and restructuring.



*Moving from a two to a three component model for school reform and restructuring calls for establishing a component for addressing barriers to learning and development. Such a component is treated as primary and essential and is developed into a comprehensive continuum of interventions by weaving together school and community resources.

Adapted from: Adelman & Taylor (1998)

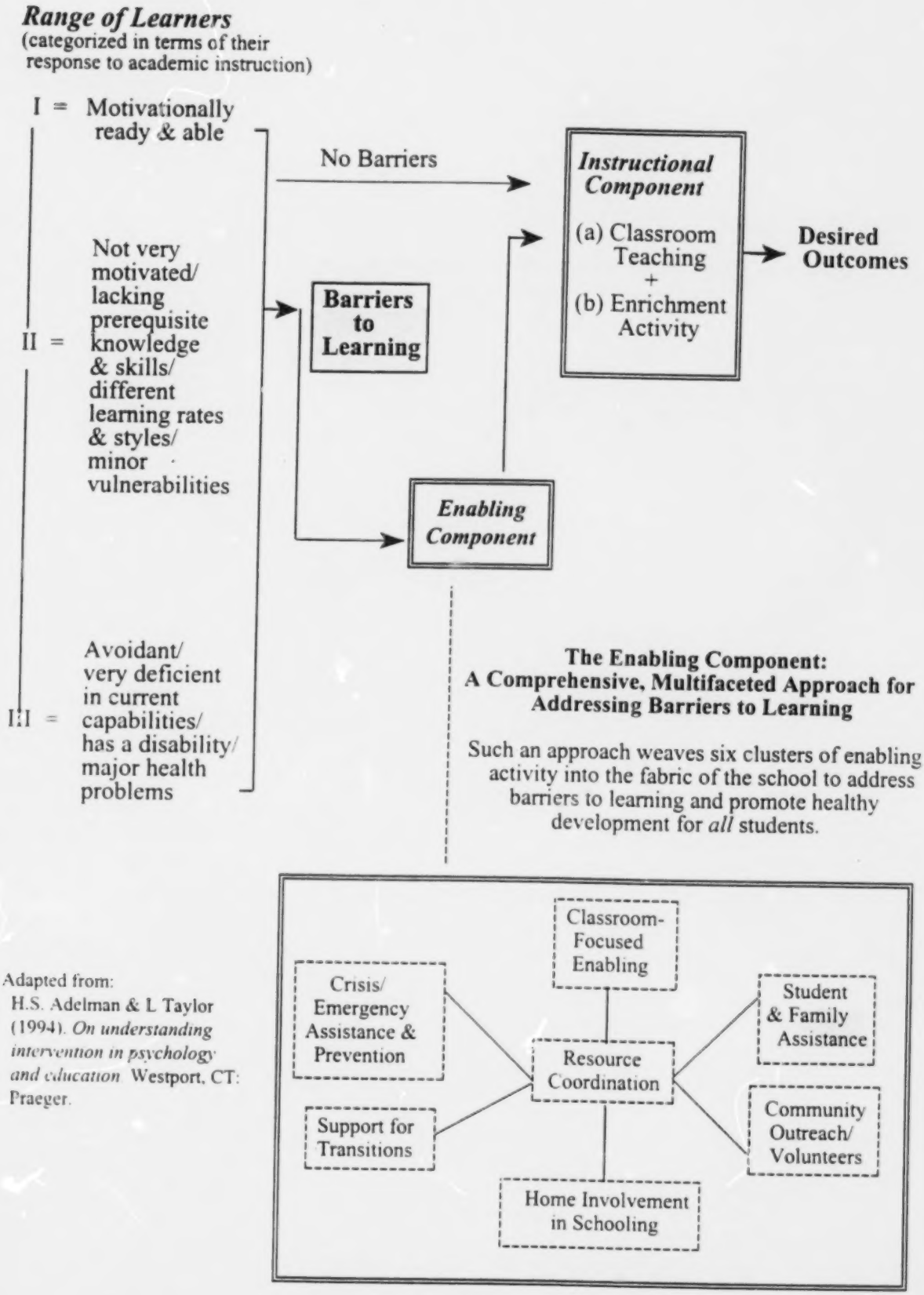
The concept of an enabling component was formulated to encompass such a third component (see references cited above). It provides a basis for combatting marginalization and a focal point for developing a comprehensive framework for policy and practice. It can also help address fragmentation by providing a unifying term for disparate approaches to preventing and ameliorating psychosocial problems and promoting wellness. The usefulness of the concept of an enabling component as a broad unifying focal point for policy and practice is evidenced in its adoption by various states and localities around the country and by one of the New American School's design teams (i.e., Urban Learning Center, 1995). In some places, it is called a "learning supports" component or a "supportive learning environment component. (In Hawai'i, it is called a Comprehensive Student Support System -- CSSS.)

Emergence of a cohesive enabling component requires policy reform and operational restructuring that allow for weaving together what is available at a school, expanding this through integrating school, community, and home resources, and enhancing access to community resources by linking as many as feasible to programs at the school. This involves extensive restructuring of school-owned enabling activity, such as pupil services and special and compensatory education programs, and doing so in ways that fully integrate the enabling, instructional, and management components. In the process, mechanisms must be developed to coordinate and eventually integrate school-owned enabling activity with community-owned resources (e.g., formally connecting school programs with assets at home, in the business and faith communities, and neighborhood enrichment, recreation, and service resources).

Analyses indicate that existing student supports cluster readily into six general functional areas and that schools can build an enabling component by developing programs in these areas (e.g., see Adelman & Taylor, 1998). As outlined in Figure 4 and Appendix A, the six interrelated areas encompass interventions to (1) enhance classroom-based efforts to enable learning, (2) provide prescribed student and family assistance, (3) respond to and prevent crises, (4) support transitions, (5) increase home involvement in schooling, and (6) outreach to develop greater community involvement and support -- including recruitment of volunteers. Work carried out in the context of school reform indicates that delineating these six areas for schools (e.g., as the "curriculum" of an enabling component) can foster comprehensive, multifaceted approaches that encompass school-community partnerships.

At schools where existing interventions have been mapped and analyzed with reference to the six areas, the process quickly identified redundant and nonproductive programs. It also helped clarify the strengths and weaknesses in each area, including a variety of coordination and resource needs. The mapping and analyses then became the bases for making priority decisions regarding redesigning interventions and enhancing outcome efficacy (Lim & Adelman, 1997; Rosenblum, DiCecco, Taylor, & Adelman, 1995).

Figure 4. An enabling component to address barriers to learning and enhance healthy development at a school site.


Range of Learners
(categorized in terms of their response to academic instruction)
I = Motivationally ready & able
II = Not very motivated/ lacking prerequisite knowledge & skills/ different learning rates & styles/ minor vulnerabilities
III = Avoidant/ very deficient in current capabilities/ has a disability/ major health problems
No Barriers
Barriers to Learning
Instructional Component
(a) Classroom Teaching
+
(b) Enrichment Activity
Desired Outcomes
Enabling Component
The Enabling Component:
A Comprehensive, Multifaceted Approach for Addressing Barriers to Learning
Such an approach weaves six clusters of enabling activity into the fabric of the school to address barriers to learning and promote healthy development for all students.
Classroom-Focused Enabling
Crisis/ Emergency Assistance & Prevention
Student & Family Assistance
Resource Coordination
Support for Transitions
Community Outreach/ Volunteers
Home Involvement in Schooling

Adapted from:
H.S. Adelman & L Taylor (1994). *On understanding intervention in psychology and education*. Westport, CT: Praeger.

Addressing Barriers and Promoting Development

It is time for reform advocates to expand their emphasis on improving instruction and school management to include a *comprehensive* component for addressing barriers to learning. And in doing so, they must pursue this third component with the same level of priority they devote to the other two. That is, such an enabling (or learner support) component must be a primary and essential facet of school reform. This will require shifting policy to push school reform beyond the current tendency to concentrate mainly on instruction and management.

School reformers like to say their aim is to ensure *all* children succeed. We think that this third component is the key to making *all* more than the rhetoric of reform.

We hasten to stress that a focus on addressing barriers to development and learning is not at odds with the "paradigm shift" that emphasizes assets, strengths, protective factors, and resilience. The value of promoting healthy development and primary prevention is both evident and in need of continuous advocacy. At the same time, we know that too many youngsters are growing up and going to school in situations that not only do not promote healthy development but are antithetical to the process.

Commitment to enhancing child and youth development and improving instruction can help redress these conditions. But, effective prevention also requires direct and comprehensive action designed to remove or at least minimize the impact of barriers -- hostile environments, individual vulnerabilities, and true disabilities and disorders. Otherwise, such barriers will continue to interfere with youngsters benefitting from programs designed to promote development and provide the best possible instruction

In addressing barriers to learning at schools, much of the intervention focus must be on enhancing the school-wide and classroom environment, and also connecting with the community to prevent problems and enhance every youngster's strengths. At the same time, for the few individuals who need something more, schools and communities, separately and working together, must provide essential supports and assistance. No paradigm shift can afford to ignore these matters or assume that they will be rectified if only schools will make a greater commitment to youth development. It's not a matter of either/or. It's not about a positive vs. a negative emphasis (or excusing or blaming anyone). And, it's not about what's wrong vs. what's right with kids. It is about developing and building on assets, strengths, protective factors, resilience. It also is about continuing to face up to the reality of major extrinsic barriers, as well as problem conditions that are intrinsic to or have become internalized by some youngsters. We all share the responsibility of promoting healthy development *and* addressing barriers.

TOWARD SYSTEMIC CHANGE

Our analyses envision schools and communities weaving resources together to develop a comprehensive continuum of programs and services designed to address barriers to development, learning, parenting, and teaching. From a decentralized perspective, the primary focus in designing such an approach is on systemic changes at the school and neighborhood level. Then, based on what is needed to facilitate and enhance local efforts, changes must be made for families of schools and wider communities. Finally, with clarity about what is needed to facilitate school and community-based efforts and school-community partnerships, appropriate centralized restructuring can be pursued (e.g., see Center for Mental Health in Schools, 1999a, 1999b, 2000).

Whether or not what we envision turns develops, all pupil service personnel must be proactive in shaping their future. In doing so, they must understand and take advantage of the windows of opportunity currently open as a result of major reform initiatives and the rapid advances in technology. We also think they need to adopt an expanded vision of their role and functions. Politically, they must integrate themselves fully into school reform at all levels and especially at schools wherever decentralization leads to local decision making.

Windows of Opportunity Stemming from Reform Initiatives & Advanced Technology

Presently, there are several windows of opportunity for taking a leadership role in shaping the future. Among the most prominent are the major initiatives to reform schools and welfare and health services. Each reform initiative is shifting the ways in which children and their families interface with school and community. For example, among other things, school reform is eliminating social promotion, pursuing zero tolerance policies, and calling for inclusion of exceptional children in regular programs. If such changes are to benefit the targeted students, current implementation strategies must be thoroughly overhauled, and well-designed interventions for prevention and early-after-onset correction of problems are essential. To these ends, pupil service personnel must find their way to leadership tables so that effective system-wide changes are designed and implemented.

Similar opportunities arise around welfare reform. As the pool of working parents is increased, there is an expanding need for quality day care and preschool programs and programs to fill nonschool hours for all youngsters. Health reforms also are beginning to stimulate renewed interest in primary and secondary prevention. As local schools and neighborhoods wrestle with the implications of all this, the result can be more fragmented and marginalized programs, or steps can be taken to weave changes into the fabric of a comprehensive approach for addressing barriers to development and learning. Pupil service professionals have not yet emerged as key participants in these arenas, but the opportunity for assuming a leadership role is there.

Another window of opportunity comes from the rapid expansion of technological applications. Although schools are just beginning to incorporate the many advances, in the next few years technology will provide major avenues for improving the way pupil service personnel function. Now is the time to take the lead in planning how the technology will be used. For example, improved computer programs are emerging that systematically support many intervention activities (including teaching, assessment and monitoring), and the Internet offers amazing ways to increase access to information and resources, enhance collaborative efforts including consultation and networking, provide personalized continuing education and distance learning, and on and on.

New Mechanisms

Fundamental policy and practice changes carry with them calls for restructuring systemic mechanisms and personnel roles and functions at schools, central offices, and school boards. With specific respect to improving how problems are prevented and ameliorated, all support staff need to lead the way in establishing well-redesigned organizational and operational mechanisms that enable schools to (a) arrive at wise decisions about resource allocation, (b) maximize systematic and integrated planning, implementation, maintenance, and evaluation of enabling activity, (c) outreach to create formal working relationships with community resources to bring some to a school and establish special linkages with others, and (d) upgrade and modernize interventions to reflect the best models and use of technology. Implied in all this are new roles and functions for some staff and greater involvement of parents, students, and other representatives from the community. Also implied is redeployment of existing resources as well as finding new ones. A few example of related reforms we are pursuing in our work are offered below to highlight these matters. For a more detailed discussion, see the references cited above.

Resource-oriented teams at schools, complexes, and system-wide

Currently, many schools do not have mechanisms focused specifically on how to prevent and ameliorate barriers to learning and teaching. No administrator or team has responsibility for mapping existing efforts, analyzing how well resources are being used to meet needs, and planning how to enhance such efforts. An example of mechanisms designed for these purposes is seen in work related to building a resource coordinating team into the structure of every school and creating a resource coordinating council for a complex or "family" of schools, and creating a system-wide steering body (Adelman, 1993; Adelman & Taylor, 1998; Rosenblum, DiCecco, Taylor, & Adelman, 1995).

A resource-oriented team differs from those created to review students (such as a student study or success team, a teacher assistance team, a case management team). That is, its focus is not on specific cases, but on clarifying resources and their best use. However, where creation of "another team" is seen as a burden, existing case-oriented teams can be asked to broaden their scope. Of course, in doing so, they must take great care to structure their agenda so that sufficient time is devoted to the additional tasks.

A resource-oriented team at a school and resource council for a family of schools provide what often are missing mechanisms for managing and enhancing *systems* to coordinate, integrate, and strengthen interventions. For example, at a school-site, a resource coordinating team can be responsible for (a) identifying and analyzing activity and resources with a view to improving the school's efforts to prevent and ameliorate problems, (b) enhancing systems for prereferral interventions, referral, case management, and quality assurance, (c) guaranteeing appropriate procedures for effective management of programs and communication among school staff and with the home, and (d) exploring ways to redeploy and enhance resources – such as clarifying which activities are

nonproductive and suggesting better uses for the resources, as well as reaching out to connect with additional resources in the school district and community.

Creation of resource-oriented mechanisms is essential for starting to weave together existing school and community resources and encouraging services and programs to function in an increasingly cohesive way. Such teams also are vehicles for building working relationships and can play a role in solving turf and operational problems, developing plans to ensure availability of a coordinated set of efforts, and generally improving the attention paid to developing a comprehensive, integrated approach for addressing barriers to student learning.

One of the primary and essential tasks a resource-oriented mechanism undertakes is that of enumerating school and community programs and services that are in place to support students, families, and staff. A comprehensive "gap" assessment is generated as resource mapping is compared with surveys of the unmet needs of and desired outcomes for students, their families, and school staff. Analyses of what is available, effective, and needed, provide a sound basis for formulating strategies to link with additional resources at other schools, district sites, and in the community and enhance use of existing resources. Such analyses also can guide efforts to improve cost-effectiveness. In a similar fashion, a resource-oriented team for a complex or family of schools (e.g., a high school and its feeders) provides a mechanism for analyses that can lead to strategies for cross-school and community-wide cooperation and integration to enhance intervention effectiveness and garner economies of scale.

Although a resource-oriented mechanism might be created solely around psychosocial programs, it is meant to bring together representatives of all major programs and services supporting the instructional component. This includes, for example, guidance counselors, school psychologists, nurses, social workers, attendance and dropout counselors, health educators, special education staff, after school program staff, bilingual and Title I program coordinators, health educators, and safe and drug free school staff. It also includes representatives of any community agency that is significantly involved with schools. Beyond these "service" providers, such a team is well-advised to add the energies and expertise of administrators, regular classroom teachers, non-certificated staff, parents, and older students.

School-site and central office leadership

School and multisite resource-oriented mechanisms are not sufficient. Site and systemwide policy guidance, leadership, and assistance are required. For example, it is unlikely that a school can create, institutionalize, and foster ongoing renewal of a comprehensive approach to addressing barriers to learning without someone who has the formal responsibility, time, and competence to lead the way and who sits at the administrative decision making table.

At the central office level, leadership must focus on supporting school and cluster level activity. That is, such leadership must ensure that systemwide resources are truly designed to support the work of school sites in the most effective and efficient ways. This role requires much more than distributing a "fair" share to everyone. It encompasses capacity building strategies that facilitate school site development of comprehensive approaches for preventing and ameliorating problems, including creating readiness for systemic change, leadership training, stakeholder development, and capitalizing on commonalities across sites to achieve economies of scale. Central district offices generally have not attended to establishing a cohesive infrastructure for supporting school-based efforts to develop and enhance comprehensive approaches. Many have quite independent units focused on related matters (e.g., school psychology, counseling, nursing, social work, special and compensatory education, school safety, health education). There often is no overall administrative leader, such as an associate superintendent, who has the time and expertise to weave the parts together and ensure they are used effectively to support what must go on in each school. Such a leader is needed to (a) evolve the district-wide vision and strategic planning for preventing and ameliorating problems, (b) ensure coordination and integration of enabling activity among groups of schools and systemwide, (c) establish linkages and integrated collaboration among systemwide programs and with those operated by community, city, and county agencies, and (d) ensure integration with instructional and management components. This leader's functions also encompass evaluation, including determination of the equity of various efforts, quality improvement reviews of all mechanisms and procedures, and, of course, ascertaining how well outcomes are achieved.

School board committee on addressing barriers to learning

As one of our Center's policy reports notes (Center for Mental Health in Schools, 1998), most school boards do not have a standing committee that gives full attention to the problem of how schools address barriers to learning and teaching. This is not to suggest that boards are ignoring such matters. Indeed, items related to these concerns appear regularly on every school board's agenda. The problem is that each item tends to be handled in an ad hoc manner, without sufficient attention to the "Big Picture." Given this, it is not surprising that the administrative structure in most districts is not organized in ways that coalesce various functions for preventing and ameliorating student problems. The piecemeal structure reflects the marginalized status of such functions and both creates and maintains fragmented policies and practices. Given that every school endeavors to address barriers to learning and teaching, school boards should carefully analyze the way they deal with these functions and consider whether they need to restructure themselves to enhance cohesion of policy and practice. Leaders for an "enabling" or "learning supports" component must advocate for such restructuring.

The above examples are only a few illustrations of arenas in which support service personnel could play leadership roles. The need for change is evident, so is the pressure and opportunities for pursuing systemic reforms. Equally obvious is the fact that making fundamental changes is not a task for the timid.

RETHINKING ROLES, FUNCTIONS, DEVELOPMENT, & CREDENTIALING

As the preceding discussion indicates, many influences are reshaping the work of pupil services personnel. Besides changes called for by the growing knowledge based in various disciplines and fields of practice, initiatives to restructure education and community health and human services are creating new roles and functions. Clearly, pupil service personnel will continue to be needed to provide targeted direct assistance and support. At the same time, their roles as advocates, catalysts, brokers, and facilitators of systemic reform will expand. As a result, they will engage in an increasingly wide array of activity to promote academic achievement and healthy development and address barriers to student learning. In doing so, they must be prepared to improve intervention outcomes by enhancing coordination and collaboration within a school and with community agencies in order to provide the type of cohesive approaches necessary to deal with the complex concerns confronting schools (Adelman, 1996a, 1996b; Freeman & Pennekamp, 1988; Henderson & Gysbers, 1997; Marx, Wooley, & Northrop, 1998; Reschly & Ysseldyke, 1995).

Consistent with the systemic changes that have been unleashed is a trend toward less emphasis on intervention ownership and more attention to accomplishing, desired outcomes through flexible and expanded roles and functions for staff. This trend recognizes underlying commonalities among a variety of school concerns and intervention strategies and is fostering increased interest in cross-disciplinary training and interprofessional education (Carnegie Council on Adolescent Development, 1995; Lawson &, Hooper-Briar, 1994).

Clearly, all this has major implications for changing professional preparation and credentialing.

Efforts to capture key implications are illustrated in the following frameworks. These frameworks were sketched out by an expert panel convened by one state's credentialing commission to provide guidelines for revision of the state's standards for developing and evaluating pupil services personnel credential programs.

Framework 1

Areas of function, levels of professional development, and nature & scope of competencies. The first framework outlines three basic dimensions that should guide development of programs to prepare pupil personnel professionals. As illustrated on the next page, the following four major areas of function are conceived.

(1) direct interventions with students and families

(2) interventions to enhance systems within schools

(3) interventions to enhance *school-community linkages & partnerships*

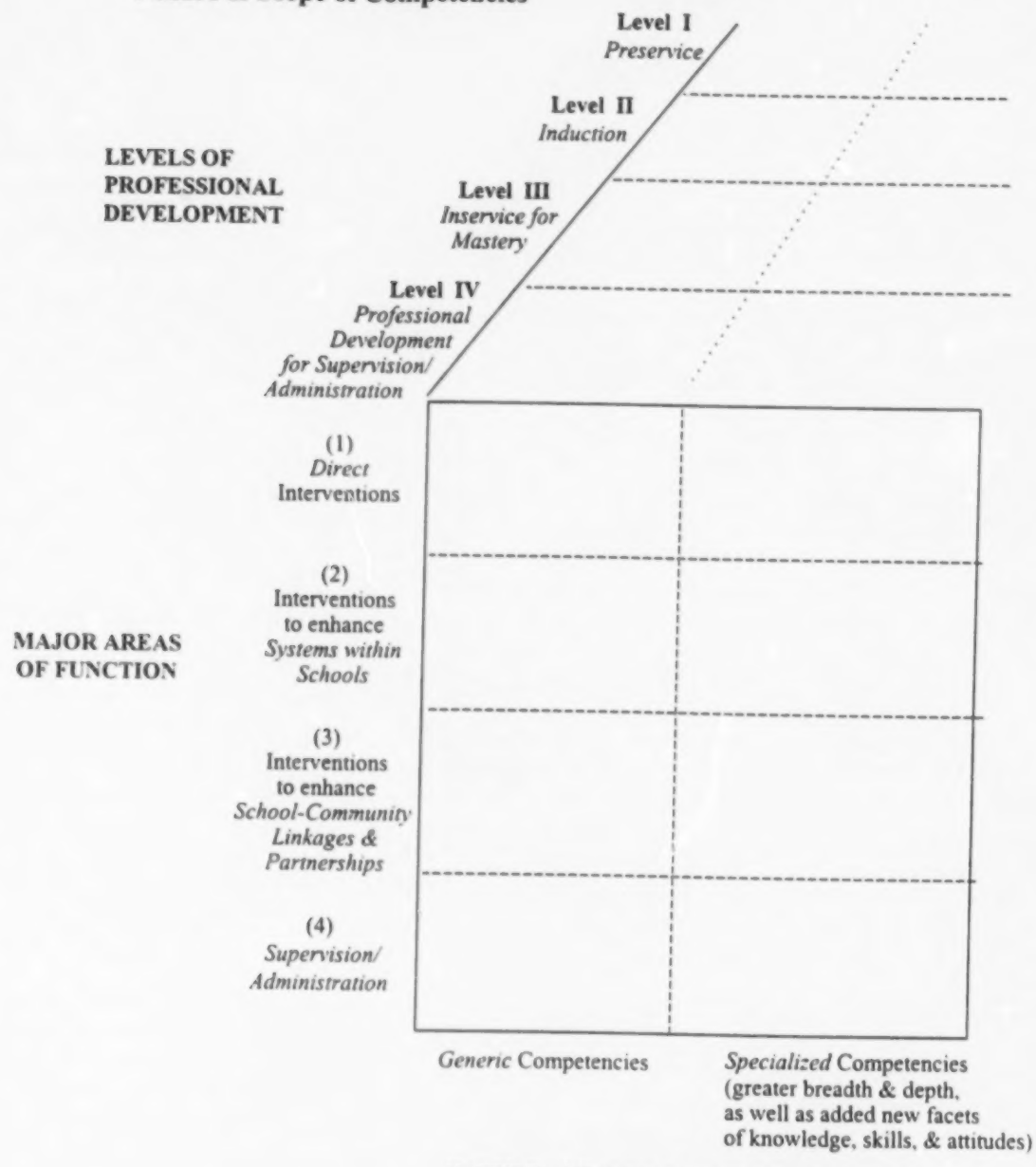
(4) supervision/administration

Within each of these areas are sets of generic and specialized competencies. The many competencies are learned at various levels of professional development. There is a need to develop criteria with respect to each of these areas. (See examples in the exhibit following the framework.) Of course, the number of criteria and the standards used to judge performance should vary with the specific job assignment and level of professional development.

Although some new knowledge, skills, and attitudes are learned, *specialized* competence is seen as emerging primarily from increasing one's breadth and depth related to generic competencies. Such specialized learning, of course, is shaped by one's field of specialization (e.g., school counselor, psychologist, social worker), as well as by prevailing views of job demands (e.g., who the primary clientele are likely to be, the specific types of tasks one will likely perform, the settings in which one will likely serve).

Note that most competencies for supervision/administration are left for development at Level IV. Also note that cross-cutting all dimensions are foundational knowledge, skills, and attitudes related to areas such as (a) human growth, development, and learning, (b) interpersonal/ group relationships, dynamics, and problem solving, (c) cultural competence, (d) group and individual differences, (e) intervention theory, (f) legal, ethical, and professional concerns, (g) applications of advanced technology.

Framework 1. *Areas of Function, Levels of Professional Development, &* Nature & Scope of Competencies



Notes:

Cross-cutting all dimensions are foundational knowledge, skills, and attitudes related to such topics as (a) human growth, development, and learning, (b) interpersonal/group relationships, dynamics and problem solving, (c) cultural competence, (d) group and individual differences, (e) intervention theory, (f) legal, ethical, and professional concerns, and (g) applications of advanced technology.

(a) *Direct* interventions = implementing one-to-one, group, or classroom programs and services

(b) Interventions to enhance *systems within schools* = coordination, development, & leadership related to programs, services, resources, and systems

(c) Interventions to enhance *school-community linkages & partnerships* = connecting with community resources

(d) *Supervision/Administration* = responsibility for training pupil personnel and directing pupil personnel services and programs

Exhibit: Examples of Generic Criteria for Staff Performance in Each Area of Function

(1) Direct interventions with students and families

Student support – demonstrates the ability to plan, implement, and evaluate programs and services that equitably address barriers to learning and promote healthy development among a diverse range of students (e.g., developmental and motivational assessments of students, regular and specialized assistance for students in and outside the classroom, prereferral interventions, universal and targeted group interventions, safe and caring school interventions; academic and personal counseling; support for transitions)

Family assistance – demonstrates the ability to plan, implement, and evaluate programs and services for students' families whenever necessary to enhance student support (e.g., providing information, referrals, and support for referral follow-through; instruction; counseling; home involvement)

(2) interventions to enhance *systems within schools*

Coordination and integration of programs/services/systems – demonstrates the ability to plan, implement, and evaluate *mechanisms* for collaborating with colleagues to ensure activities are carried out in the most equitable and cost-effective manner consistent with legal and ethical standards for practice (examples of mechanisms include case-oriented teams; resource-oriented teams; consultation, coaching, and mentoring mechanisms; triage, referral, and care monitoring systems; crisis teams)

Development of program/service/systems – demonstrates the ability to enhance development of a comprehensive, multifaceted, and integrated continuum of interventions for equitably addressing barriers to learning and promoting healthy development among a diverse range of students and their families (e.g., collaborates in improving existing interventions; collaborates to develop ways to fill gaps related to needed prevention programs, early-after-onset interventions, and assistance for students with severe and/or chronic problems; incorporates an understanding of legal and ethical standards for practice)

(3) interventions to enhance *school-community linkages & partnerships*

Coordination and integration of school-community resources/systems – demonstrates the ability to plan, implement, and evaluate *mechanisms* for collaborating with community entities to weave together school and community resources and systems to enhance current activity and enhance development of a comprehensive, multifaceted, and integrated continuum of interventions for equitably addressing barriers to learning and promoting healthy development

(4) supervision/administration

Supervision of professionals-in-training and induction of new staff -- demonstrates the ability to coach, mentor, and supervise professionals-in-training and newly hired pupil services personnel both with respect to generic and speciality functions

Administration of pupil services -- demonstrates the ability to design, manage, and build capacity of personnel and programs with respect to specialized pupil services activities and generic systemic approaches to equitably addressing barriers to learning and promoting healthy development

Administrative leadership in the district -- demonstrates the ability to participate effectively in District decision making to advance an equitable and cost-effective role for pupil services personnel in addressing barriers to learning and promoting healthy development

In addition to the above, each field (e.g., school psychology, counseling, social work) will want to add several specialized competencies.

Framework 2

Levels of competence and professional development and possible types of certification. The second framework stresses the need to articulate different levels of competence and clarify the level of professional development at which such competence is attained. It also highlights types of certification that might be attached to the different levels of competence and professional development.

Key outcome criteria for designing preservice programs (including internship) are conceived as developing at least the minimal level of competence necessary to qualify for initial employment. The appropriate certification at this level is described as a preliminary credential.

Criteria for professional development at Level II is defined as the level of competence necessary to qualify as a proficient school practitioner. This competence can be developed through on-the-job inservice programs designed to "Induct" new professionals into their roles and functions. Such an induction involves providing support in the form of formal orientation to settings and daily work activity, personalized mentoring for the first year on-the-job, and an inservice curriculum designed specifically to enhance proficient practice. At the end of one school year's employment, based on supervisor verification of proficient practice, a "clear credential" could be issued.

Both with respect to ongoing professional development and career ladder opportunities, availability of appropriate on-the-job inservice and academic programs offered by institutions for higher education is essential. These should be designed to allow professionals to qualify as master practitioners and, if they desire, as supervisors/administrators. At the same time, it is important to appreciate that few school districts are ready to accept formal certification at these levels as a requisite for hiring and developing salary scales. Thus, such certification is seen as something to be recommended -- not required.

Because of the many controversies associated with renewal of certification, the best solution may be to tie renewal to participation in formal on-the-job inservice programs. This presupposes that such inservice will be designed to enhance relevant competencies for pupil service personnel.

Framework 2.
Levels of Competence and Professional Development and Possible Types of Certification

ONGOING PROFESSIONAL DEVELOPMENT

LEVELS OF COMPETENCE	LEVELS OF PROFESSIONAL DEVELOPMENT	POSSIBLE TYPES OF CERTIFICATION
Competencies to qualify as a *supervisor/ administrator*	**Level IV** Professional Development for Supervision/Admin.	Supervisory/ Administrative (recommended but not required)
Competencies to qualify as a *master practitioner*	**Level III** Inservice for Mastery	Master Practitioner (recommended, but not required)
Competencies to qualify as a *proficient school practitioner*	**Level II** Inservice for Induction (program to provide support for beginning professionals – orientations, mentoring, and inservice professional devel.)	Clear Credential
Minimal Competencies necessary to qualify for *initial employment*	**Level I** Preservice Education – including practicum and internship	Preliminary Credential

RENEWAL

Note:

Cross-cutting all levels of competence are foundational knowledge, skills, and attitudes related to such topics as (a) human growth, development, and learning, (b) interpersonal/group relationships, dynamics, and problem solving, (c) cultural competence, (d) group and individual differences, (e) intervention theory, (f) legal, ethical, and professional concerns, and (g) applications of advanced technology.

Framework 3

Generating generic and specialized competencies. To guide professional program design and evaluation and for purposes of evaluating candidates for certification, lists of competencies need to be generated. As already stressed, such competencies can be grouped with respect to cross-cutting foundational knowledge, skills, and attitudes and four general areas of function. Thus, *the foundational step* in listing competencies involves delineating what is to be learned related to each *cross-cutting area.*

As noted with respect to the four general areas of professional functions, the necessary competencies in each of these areas can be divided into those common to all pupil services personnel ("generics"), those common to more than one specialty but not shared by all (specialty overlaps), and specialized competencies unique to one specialty.

Logically the nature and scope of competencies listed for each level of professional development varies. The process in generating competencies at each level should be done in steps. At Level 1, this involves delineating cross-cutting foundational knowledge, skills, and attitudes and then generating those generics and specialized competencies that provide at least the minimal level of competence necessary to qualify for initial employment. At subsequent levels of professional development and with respect to each area of function, the first step involves delineating generics and the second step encompasses delineating specialized competencies for each specialization. In generating specialized competencies for school psychologists, and social workers, speciality overlaps and perhaps previously unidentified generics are likely to emerge.

Note: The essential competencies for carrying out child welfare and attendance functions are seen as readily embedded in both the school counselor and school social work specialization and perhaps eventually in the school psychology specialization.

Framework *3.* **Steps for Generating Generic and Specialized Competencies**

Foundational Step: Delineate **cross-cutting foundational knowledge, skills, and attitudes** (e.g., related to topics such as (a) human growth, development, and learning, (b) interpersonal/group relationships, dynamics, and problem solving, (c) cultural competence, (d) group and individual differences, (e) intervention theory, (f) legal, ethical, and professional concerns, and (g) applications of advanced technology)

AREAS OF FUNCTION — ***NATURE AND SCOPE OF COMPETENCIES FOR LEVEL___***

First Step: Delineate **generic competencies**

(1) Direct Interventions

1) _____
> _____
> _____
> _____
> _____
> _____
> _____
x) _____

---

(2) Interventions to Enhance Systems within Schools

1) _____
> _____
> _____
> _____
> _____
> _____
> _____
x) _____

---

(3) Interventions to Enhance School-Community Linkages & Partnerships

1) _____
> _____
> _____
> _____
> _____
> _____
x) _____

---

(4) Supervision/ Administration

1) _____
> _____
> _____
> _____
> _____
> _____
x) _____

Framework ***3. (cont.)***

AREAS OF FUNCTION

NATURE AND SCOPE OF COMPETENCIES FOR LEVEL___

Second Step: Delineate **specialized competencies**
(greater breadth & depth, *as well as* added new facets of knowledge, skills, & attitudes)

	School Counselor	***School Psychologist***	***School Social Worker***
(1) Direct Interventions	1) _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	x) _____	_____	_____
(2) Interventions to Enhance Systems within Schools	1) _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	x) _____	_____	_____
(3) Interventions to Enhance School-Community Linkages & Partnerships	1) _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	x) _____	_____	_____
(4) Supervision/ Administration	1) _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	> _____	_____	_____
	x) _____	_____	_____

Finally, a few words about developing standards for the operation of credentialing programs.

About Reviewing Pupil Personnel Programs

After the new set of competencies are delineated, there will be greater clarity about how to revise standards with respect to (1) institutional resources and coordination and (2) admission and candidate services.

In revising these particular sets of standards, the first concern is to clarify the necessary program *functions* for developing intended competencies at a specified level of professional development.

The next concern is to delineate the types of *structures,* specific *mechanisms,* and degree of *resources* essential for ensuring that program functions are well planned, implemented, and evaluated.

With specific respect to admission and candidate services, the ongoing concerns are to ensure that diversity and equity are appropriately addressed.

In clarifying expectations for various levels of institutional involvement, current standards should be extended. That is, in addition to evaluating the overall resources of the institution, reviews should clarify how resources are deployed at the level of (a) a school/department of education and (b) areas and the specific professional preparation programs within the school/department.

It also is essential to clarify the degree of coherence between the credential preparation program's curriculum and practicum and internship placements.

CONCLUDING COMMENTS

In the last part of the twentieth century, national goals for education as codified into law have called for ensuring (a) all children are ready to learn, (b) safe schools, and (c) partnerships to increase parent involvement and participation in promoting the social, emotional and academic growth of children. During the same period, initiatives to restructure community health and human services encompassed a major focus on linking services to schools. These ongoing forces and others will reshape the roles and functions of pupil services personnel. Such forces provide both a challenge and an opportunity for all pupil services personnel to play multifaceted roles -- providing services *and much more.*

Although some current roles and functions will continue, many will disappear, and others will emerge. Opportunities will arise for pupil services personnel not only to provide direct assistance, but to play increasing roles as advocates, catalysts, brokers, and facilitators of reform and to provide various forms of consultation and inservice training. All who work to address barriers to student learning must participate in capacity building activity that allows them to carry out new roles and functions effectively. This will require ending their marginalized status through full participation on school and district governance, planning, and evaluation bodies.

The new millennium marks a turning point for how schools and communities address the problems of children and youth. Currently being determined is: In what direction should we go? And who should decide this? It is essential that professionals at all levels in the field find a place at the relevant tables to help shape the answers to these questions. And, it is essential that policy makers end the marginalization of such personnel by fully integrating pupil services professionals into initiatives to reform and restructure education.

Obviously, all this has major implications for professional development and certification. There is much work to be done.

References

Adelman, H.S. (1993). School-linked mental health interventions: Toward mechanisms for service coordination and integration. *Journal of Community Psychology, 21,* 309-319.

Adelman, H.S. (1998). School counseling, psychological, and social services. In E. Marx & S.F. Wooley, with D. Northrop (Eds.), *Health is academic: A guide to coordinated school health programs*. New York: Teachers College Press.

Adelman, H.S., & Taylor, L. (1994). *On understanding intervention in psychology and education.* Westport, CT: Praeger.

Adelman, H.S., & Taylor, L. (1998). Reframing mental health in schools and expanding school reform. *Educational Psychologist, 33,* 135-152.

Adelman, H.S. (1996a). *Restructuring support services: Toward a comprehensive approach.* Kent, OH: American School Health Association.

Adelman, H.S. (1996b). Restructuring education support services and integrating community resources: Beyond the full service school model. *School Psychology Review, 25,* 431-445.

Adelman, H.S., 7 Taylor L. (2000). Shaping the future of mental health in schools. *Psychology in the Schools, 37,* 49-60.

Adler, L., & Gardner, S. (Eds.), (1994). *The politics of linking schools and social services.* Washington, DC: Falmer Press.

California Department of Education (1997). *Guide and criteria for program quality review: Elementary.* Sacramento: Author.

Carnegie Council on Adolescent Development (1995). *Great transitions: Preparing adolescents for a new century.* New York: Carnegie Corporation.

Center for Mental Health in Schools. (1998). *Restructuring Boards of Education to enhance schools' effectiveness in addressing barriers to student learning.* Los Angeles: Author.

Center for Mental Health in Schools. (1999a). *Policymakers' guide to restructuring student resources to address barriers to learning.* Los Angeles: Author.

Center for Mental Health in Schools. (1999b). *School-community partnerships: A guide.* Los Angeles: Author.

Center for Mental Health in Schools. (2000). *Pioneering initiatives to reform education support programs.* Los Angeles: Author.

Dryfoos, J. (1998). *Safe passage: Making it through adolescence in a risky society.* New York: Oxford University Press.

Freeman, E.M., & Pennekamp, M. (1988). *Social work practice: Toward a child, family, school, community perspective.* Springfield, III: Charles Thomas *Pub.*

Gitlin, M.J. (1996). *The psychotherapist's guide to psychopharmacology* (2nd ed.) New York: The Free Press.

Hawai'i Department of Education (2001). *Student Support Services Branch News.* Oahu: Author.

Henderson, P. & Gysbers, N.C. (1997). *Leading and managing your school guidance staff: A manual for school administrators.* Alexandria, VA: American Counseling Assoc.

Jenkins, J.R., Pious, C.G., & Peterson, D.L. (1988). Categorical programs for remedial and handicapped students: Issues of validity. *Exceptional Children, 55,* 147-158.

Kahn, A., & Kamerman, S. (1992). *Integrating service integration: An overview of initiatives, issues, and possibilities.* New York: National Center for Children in Poverty.

Lawson, H., & Hooper-Briar, K. (1994). *Expanding partnerships: Involving colleges and universities in interprofessional collaboration and service integration.* Oxford, OH: The Danforth Foundation and the Institute for Educational Renewal at Miami University.

Lim, C., & Adelman, H.S. (1997). Establishing school-based collaborative teams to coordinate resources: A case study. *Social Work in Education, 19,* 266-277.

Los Angeles Unified School District (1995). *Plan for restructuring student health and human services.* Los Angeles: Author.

Marx, E., & Wooley, S., with Northrop, D. (1998). *Health is academic.* New York: Teachers College Press.

Memphis City Schools (1999). *Draft plan for implementation of the Enabling Component.* Memphis: Author.

Reschly, D.J. & Ysseldyke, J.E. (1995). School psychology paradigm shift. In A. Thomas & J. Grimes (Eds.) (1995). *Best practices in school psychology* Washington, DC: National Association for School Psychologists.

Rosenblum, L., DiCecco, M.B., Taylor, L., & Adelman, H.S. (1995). Upgrading school support programs through collaboration: Resource Coordinating Teams. *Social Work in Education, 17,* 117-124.

Schorr, L.B. (1997). *Common purpose: Strengthening families and neighborhoods to rebuild America.* New York: Anchor Press.

Slavin, R., Madden, N., Karweit, N., Dolan, L., Wasik, B., Shaw, A., Mainzer, K., & Huxby, B. (1991). Neverstreaming: Prevention and early intervention as an alternative to special education. *Journal of Learning Disabilities, 24,* 373-378.

Tyack, D., & Cuban, L. (1995). *Tinkering toward Utopia: A century of public school reform.* Cambridge, MA: Harvard University Press.

Urban Learning Center Model (1995). *A design for a new learning community.* Los Angeles: Los Angeles Educational Partnership.

Weisz, J.R., Donenberg, G.R., Han, S.S., & Kauneckis, D. (1995). Child and adolescent psychotherapy outcomes in experiments versus clinics: Why the disparity? *Journal of Abnormal and Clinical Psychology, 23,* 83-106.

Young, N., Gardner, S., Coley, S., Schorr, L., & Bruner, C. (1994). *Making a difference: Moving to outcome-based accountability for comprehensive services.* Falls Church, VA: National Center for Service Integration.

Appendix A

"Curriculum" Areas for an Enabling Component

(1) Enhancing teacher capacity for addressing problems and for fostering social, emotional, intellectual and behavioral development. When a classroom teacher encounters difficulty in working with a youngster, the first step is to see whether there are ways to address the problem within the classroom and perhaps with added home involvement. It is essential to equip teachers to respond to garden variety learning, behavior, and emotional problems using more than social control strategies for classroom management. Teachers must be helped to learn many ways to enable the learning of such students, and schools must develop school-wide approaches to assist teachers in doing this fundamental work. The literature offers many relevant practices. A few prominent examples are: prereferral intervention efforts, tutoring (e.g., one-to-one or small group instruction), enhancing protective factors, and assets building (including use of curriculum-based approaches to promoting social emotional development). Outcome data related to such matters indicate that they do make a difference (see accompanying Resource Aid Packet).

(2) Enhancing school capacity to handle the variety of transition concerns confronting students and their families. It has taken a long time for schools to face up to the importance of establishing transition programs. In recent years a beginning has been made. Transition programs are an essential facet of reducing levels of alienation and increasing levels of positive attitudes toward and involvement at school and learning activity. Thus, schools must plan, develop, and maintain a focus on transition concerns confronting students and their families. Examples of relevant practices are readiness to learn programs, before, during, and after school programs to enrich learning and provide safe recreation, articulation programs (for each new step in formal education, vocational and college counseling, support in moving to and from special education, support in moving to post school living and work), welcoming and social support programs, to and from special education programs, and school-to-career programs. Enabling successful transitions has made a significant difference in how motivationally ready and able students are to benefit from schooling.

(3) Responding to minimizing impact, and preventing crises. The need for crisis response and prevention is constant in many schools. Such efforts ensure assistance is provided when emergencies arise and follow-up care is provided when necessary and appropriate so that students are able to resume learning without undue delays. Prevention activity stresses creation of a safe and productive environment and the development of student and family attitudes about and capacities for dealing with violence and other threats to safety. Examples of school efforts include (1) systems and programs for emergency/crisis response at a site, throughout a complex/family of schools, and community-wide (including a program to ensure follow-up care) and (2) prevention programs for school and community to address safety and violence reduction, child abuse and suicide prevention, and so forth. Examples of relevant practices are establishment of a crisis team to ensure crisis response and aftermath interventions are planned and implemented, school environment changes and safety strategies, and curriculum approaches to preventing crisis events (violence, suicide, and physical/ sexual abuse prevention). Current trends stress school- and community-wide prevention programs.

(cont.)

(4) Enhancing home involvement. In recent years, the trend has been to expand the nature and scope of the school's focus on enhancing home involvement. Intervention practices encompass efforts to (1) address specific learning and support needs of adults in the home (e.g., classes to enhance literacy, job skills, ESL, mutual support groups), (2) help those in the home meet their basic obligations to their children, (3) improve systems to communicate about matters essential to student and family, (4) enhance the home-school connection and sense of community, (5) enhance participation in making decisions that are essential to the student, (6) enhance home support related to the student's basic learning and development, (7) mobilize those at home to problem solve related to student needs, and (8) elicit help (support, collaborations, and partnerships) from those at home with respect to meeting classroom, school, and community needs. The context for some of this activity may be a parent center (which may be part of the Family and Community Service Center Facility if one has been established at the site).

(5) Outreaching to the community to build linkages and collaborations. The aim of outreach to the community is to develop greater involvement in schooling and enhance support for efforts to enable learning. Outreach may be made to (a) public and private community agencies, colleges, organizations, and facilities, (b) businesses and professional organizations and groups, and (c) volunteer service programs, organizations and clubs. Efforts in this area might include 1) programs to recruit and enhance community involvement and support (e.g., linkages and integration with community health and social services; cadres of volunteers, mentors, and others with special expertise and resources; local businesses to adopt-a-school and provide resources, awards, incentives, and jobs; formal partnership arrangements), 2) systems and programs specifically designed to train, screen, and maintain volunteers (e.g., parents, college students, senior citizens, peer and cross-age tutors/counselors, and professionals-in-training to provide direct help for staff and students--especially targeted students), 3) outreach programs to hard-to-involve students and families (those who don't come to school regularly--including truants and dropouts), and 4) programs to enhance community-school connections and sense of community (e.g., orientations, open houses, performances and cultural and sports events, festivals and celebrations, workshops and fairs). A Family and Community Service Center Facility might be a context for some of this activity. (Note: When there is an emphasis on bringing community services to school sites, care must be taken to avoid creating a new form of fragmentation where community and school professionals engage in a form of parallel play at school sites.)

(6) Providing special assistance for students and families. Some problems cannot be handled without a few special interventions; thus the need for student and family assistance. The emphasis is on providing special services in a personalized way to assist with a broad range of needs. School-owned,- based, and -linked interventions clearly provide better access for many youngsters and their families. Moreover, as a result of initiatives that enhance school-owned support programs and those fostering school-linked services and school-community partnerships (e.g., full service schools, family resource centers, etc.), more schools have more to offer in the way of student and family assistance. In current practice, available social, physical and mental health programs in the school and community are used. Special attention is paid to enhancing systems for prereferral intervention, triage, case and resource management, direct services to meet immediate needs, and referral for special services and special education resources and placements as appropriate. A growing body of data indicates the current contribution and future promise of work in this area.